

## NURSE'S BURNOUT AND TURNOVER INTENTION ASSOCIATED WITH WORKLOAD IN A TERTIARY PRIVATE HOSPITAL, LAHORE

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### Keywords

nurses' burnout, turnover intentions and workload.

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### Abstract

**Background:** Turnover intension in nursing profession continuously increases because of workload and burnout. Nurses constantly dealing with physical and psychological stress, diminish mental health, anxiety, depression and exhaustion because of these efforts nurses are frequently quitting their jobs and professions. Increase turnover causes shortage of staff in hospitals and it directly impacts on the mental health of nurse, reducing professional productivity. Nurses are burdened because of multiple elements, including long shift hours, organizational requirement, shortage of staff and shift tasks. These factors may lead to physical tiredness and psychological exhaustion, which can cause burnout and raises turnover.

**Methodology:** A cross-sectional quantitative study was conducted to collect data from 114 registered nurses self-administered questionnaires were used to collect data. The data were summarized in terms of descriptive statistics like frequencies, percentages, means and standard deviations and inferential statistics like chi-square test and Pearson correlation were used to establish associations and relationships between variables.

**Results:** A total of 114 nursing participants were surveyed, and the key academic outcomes are, the nursing workforce surveyed was mainly female (73.7%, n=84), and male (26.3%, n=30). 71.9% of the nurses in the hospital were experiencing moderate level of Burnout and 11.4% were under high level of Burnout. Likewise, 64.9% have moderate level of intentions to leave their jobs.

**Conclusion:** The results indicate that job-related burnout and turnover intentions are the crucial challenges among nurses of private healthcare units. The factual data exposed that considerable fraction of nurses are experiencing moderate to high grade emotional exhaustion. Approaches to minimize job-related burnout and intentions of turnover, such as by reducing or managing workload and promoting cooperative work environment, should be given precedence by healthcare organizations or institutes to ensure the delivery of excellent patient care.

### INTRODUCTION:

Burnout is a condition of depletion, cynical sensation, lessen personal capabilities by reason of deep-rooted work strain that is not adequately managed. Burnout has severe outcomes on

either nurses performance, patient care and organization's honor.(1)

The process by which nurses leave their job or career for a variety of reasons is known as nurse's turnover. It imposes direct or indirect expenses

on the health care organization. Nursing outcomes are negatively affected by turnover(2) Nurses constantly report quitting their jobs because they realize that their organization is not providing them with a healthy work environment. Nurse's turnover is the intentional choice a nurse made to change their job to a new organization. Excessive workload, inadequate organization assistance, profession disaffection and burnout are the common component of turnover intention among nursing staff (3)

Nurses' workload is linked or associated to overburden, poor physical development, long working span, and insufficient number of staff. These circumstances leads to nurses burnout. (4) The bulk of work that influences the stress level of nurses. Job tasks and requirements, organization rules and work environment are the main examples of workload. Overworked nurses are dealing difficulties in performing medical producers. This can raise the risk of mismanagement, low quality work, elevate the infection risk. A corporation work environment for employs helps in job satisfaction, patient care, organizational financial condition and productivity. (5)

Shortage of nursing staff in hospitals evaluate the work pressure which contributes to turnover. However various component causes the shortage of nursing staff, but the chief reason is burnout and turnover. Burnout is the main purpose of turnover and due to higher burnout nursing staff leave their institution or professions. Burnout or turnover not only affects the health care providers mental, physical, and psychological health, it equally affects the patient's safety and excellence of care. Emotional dispassion from profession causes lack of interest in job challenges and assignments. Inadequate dispassion contributes to evaluating stress, exhaustion level also impacts the sleep pattern and lessen the health wellness. Overcoming psychological dispassion reduces work-related stress, improves the quality of care, increases job satisfaction, suppress burnout and turnover (6).

Nurses frequently experience intense psychological stress as the result of heavy workload, long working hours, shift task, and employment in high-risk areas. All of this contributes to the progress of the events of

occupational burnout. According to Maslach concept, burnout is the reaction to excessive stress at work, defined by emotional weariness manifested as adverse and distant behavior to others, as well as reduced sense of capability and efficiency at job. Work-related stress lessens physical, emotional, and cerebral energy, leading to pessimism towards patients and teammates as well as low sense of self-efficacy. Burnout can arise owing to work overload, staff lack, value conflicts, and a loss of senses. The World Health Organization (WHO) has defined occupational effectiveness as syndrome of exhaustion, feelings of disconnection and reduced productivity due to prolonged work that has been effectively treated. As a result, during the outbreak, nurses who work with COVID-19 contaminated patients want their mental health checked and sustained. (7)

Work related burnout is described by intense anxiety, depression, physical and psychological distress. Nursing staff are highly exposed to job related burnout that causes mental stress, poor work enthusiasm, negativity, and emotional tiredness.. Moreover, the term "workload" is composed of two words: "work," which refers to the patient, and "load," which does not refer to quantity of nursing act and task that nurses carry out on the behalf of performance required in a particular duration taken nursing task. (8)

Nursing profession is the heart of the healthcare organization that provides standard care to clients. Furthermore, maintaining and improving healthcare quality standards has been uncovered to have a higher frequency of turnover and Constancy to quality assurance are the main principle for burnout, workload, and intension to quit their job. The three main signs of burnout are exhaustion, detachment from self and diminished personal accomplishment indicate that burnout plays a role in employees leaving their jobs. (9)

Nurses play a central role in healthcare organizations, negotiating with clients, families, and other interdisciplinary professionals on regular basis. Despite their crucial role, many nurses suffer from job-related anxiety, exhaustion and burnout, which elevate turnover rates among nurses. Iran, like many other developing nations, has a problem with shortage of nurses. The shortage of nursing staff has significant difficulty in the healthcare

organization, particularly turnover intentions and burnout among experienced and skilled nursing staff. Coronavirus disease 2019 repeatedly has fewer than one nurse per hospital bed. According to a systematic review of systematic reviewers, anxiety and stress caused by the COVID-19 pandemic exacerbated this problem, with nurses-to-patient ratios reaching dangerously low levels. (10)

For this particular analysis, we will focus on the deep association among workload, burnout and intention of turnover among nurses. Due to over workload nurses are emotionally, mentally, physically and psychologically frustrated which directly affect their productivity, lessen their morale and negative impact on their professional performance. Our study will identify the association of workload, burnout and turnover intention to learn its impact among.

#### LITERATURE REVIEW:

Nurses play a central role in organizing and providing patient-centered care. Turnover in nursing due to workload and burnout is a crucial issue globally. Emotional and energy depletion is reflected in work exhaustion. Nurses are emotionally, mentally and psychologically exhausted. Professional productivity is reduced in nursing staff due to work related anxiety, depression, and stress. In nursing turnover intention is increasing day by day because of extreme physical, mental, emotional exhaustion caused by prolonged stress, heavy workload, and high patient rate.

In Islamabad and Rawalpindi three governments and five private hospitals participated in cross-sectional survey. This investigation assesses the level of burnout in nurses and mental stress amid nursing staff who were delivering care to the clients suffering from COVID 19. A sample of 288 participated in this survey. The result of this study shows that 48.6% of staff nurse has to face burnouts, intense emotional stress in 37.2% nurses, heightened depersonalization in 36.8%, low personal accomplishment in 46.9% and 45% mental stress existed in nurses. Increased patients workload and insufficient training elevate burnout and distress organizational screening, and help are preferred to protect nurses and standards of care.(11)

A cross-sectional quantitative survey was conducted in two tertiary hospitals in China. The aim of this study was to determine the connection among moral resilience, shift related burnout, intentions to quit their jobs, among nurses. A sample of 322 registered nurses were added to this research. The findings show burnout intervene in the association among moral resilience and turnover intentions has negative relationship with burnout and turnover intents between nurses. The results of this study:  $\chi^2/df = 1.819$ , CFI = 0.977, TLI = 0.961, RMSEA = 0.072 (90% confidence interval [CI]: 0.033 to 0.107). The structural equation model identified that moral resilience was reciprocally related with job burnout and turnover intentions. Moreover, job burnout fully refereed the relationship between moral resilience and turnover intentions ( $\beta = -0.473$ ,  $p=0.007$ ). Further analysis revealed that the only mediator in the connection among moral resilience and turnover intention was the lack of personalization aspect of work related burnout ( $\beta = -3.934$ , 95% CI [-5.837, -1.932]). (12)

A study was conducted in government hospitals in Hong Kong. The focus of this survey was to evaluate the interrelation among job demands and intentions of quitting the job among nursing staff in public hospitals. 502 nurses were engaged in this cross-sectional study. Findings of this study show that increased job demands, and heavy workload were closely related with greater burnout, and it elevated the intentions of turnover. Decreasing workload and improving resources can help to reduce burnout and job quitting intentions in nurses. 71.3% of female nurses were engaged. The substantial age group (39.6%) was between 30 and 40. 52.0% of participants were unmarried. A bachelor's degree or higher of the participants was held by 97.6 %. A registered nurse typically registered for 13.1 (SD: 10.1) years. 46.5 (SD: 7.0) hours were average working hours per week .(13)

An observational study was conducted in Finland. The objective of the analysis is to investigate the relationship of destructed leadership, job demand and assets, with burnout among nurses. A sample size of 2115 registered nursing staff participated. The result of the study showed that destructed leadership and job requirements were directly proportional with burnout ( $\beta =0.39$  and 0.32 respectively; both p



< 0.001), where job assets and burnout are inversely connected ( $\beta = -0.41$ ,  $p < 0.001$ ). Providing sufficient number of assets might minimize burnout and reduces the adverse impact of devastating leadership and job requirements amid nurses. (14)

In 6 hospitals in Henan province, China a study was conducted. 1127 clinical nurses were investigated by using cross sectional study design. The focus of the study is to validate the mediating impact of annoyance and job related burnout on the connection between presentism and intention to quit jobs. The correlational investigation showed that presentism was considerably related to exhaustion, burnout and turnover intention ( $r = 0.223, 0.254, 0.273$ ,  $p < 0.001$ ) and frustration was significantly related to burnout and turnover intention (0.479, 0.386,  $p < 0.001$ ); job burnout was markedly associated with turnover intention ( $r = 0.585$ ,  $p < 0.001$ ); the mediating effect of frustration (95% CI:0.012~0.054) and job burnout (95% CI:0.063~0.142) among presentism and job turnover intention, and the chain intervene impact of frustration and job burnout (95%CI:0.032~0.077) are significantly the intermediary effect accounts for 59.38% Of the entire effect. The outcome of the study specify that it not just affects the turnover intention of nursing staff as well as impacts their turnover intention via frustration and job burnout. (15)

A prevalence study was carried out in two hospitals in the western region of Saudi Arabia. A sample size of 134 nursing staff were engaged in the study. The focus of this analysis is to examine the mediating effect of the burnout on the association between perceived autonomy and anticipated turnover intention among nurses. A total of 42.4% of the samples were highly emotionally exhausted, and 26.9% reported feeling of depersonalization. Moreover, 15.7% reported low personal accomplishment. Low personal accomplishment, depersonalization and high emotional exhaustion showed high level of burnout among nurses. (16)

A study was conducted in 28 hospitals to investigate the effect of nurse recruitment, work hours, obligatory overtime and turnover on nurse outcome in critical care hospitals. 264 nurses were engaged in this study and convenience sampling and online survey

methods were used for data collection. Nurses' job satisfaction was 2.46 (standard deviation [SD]= 0.56) points on average and intent to leave was 3.75 (SD = 0.87) points on average. The average burnout was 29.71(SD = 5.35) points and 87%reported moderate level of burnout. On average, the nurse took care of 12.46 (SD = 3.35) patients during a shift. The average working hours for a shift were 9.33 (SD = 1.00). (17)

A cross-sectional quantitative research strategy was used to assess the correlation between workload, burnout and intentions to leave jobs among registered nursing staff in Jordanian hospital. 311 registered nurses participated in this investigation. The results of study showed (i.e.,  $\beta = -0.315$ ,  $t = 5.508$ ,  $p < 0.001$ ;  $\beta = -0.245$ ,  $t = 3.331$ ,  $p < 0.01$ ;  $\beta = -0.287$ ,  $t = 4.123$ ,  $p < 0.01$ ) that workload, turnover intentions and job burnout are negatively and significantly related to healthcare quality. The results of this investigation yield convincing evidence that work overload, work related burnout and turnover intentions considerably impact healthcare quality. (18)

Workload related burnout or turnover in Pakistan is high. Despite this there are few studies conducted about this issue in Pakistan. But the study on this issue till now is insufficient that draws our attention towards this major issue. So, in our study we will recognize the intense connection between workload, burnout and turnover intention because it is important to fully comprehend this issue and properly solve it, great research must be done on it. The emotional, physical and psychological wellness of nursing staff can be improved, and their intention of turnover can be reduced by effectively understanding and solving the components that contribute to increasing workload, burnout or turnover intention.

### 3.1 PROBLEM STATEMENT

Nurses perform a vital role in client care and education; however, they frequently suffer from stress, health issues and burnout because of severe workload. Excessive patient loads frequently result in emotional exhaustion, particularly when staff shortages persist. Many nurses say that they feel incompetent and underappreciated, which lowers their motivation and performance on the job. High

turnover rates have also been caused by inadequate retention practices and lack of prospects for professional advancement, with many nurses quitting the field or relocating overseas in search of higher-paying position. By improving staff and workload management, developing nurse well-being programs, improving definitions and measurement tools, and improving organizational support and leadership, this process can also aid in reducing turnover intention and workload.

### 3.2 HYPOTHESIS

**NULL HYPOTHESIS ( $H_0$ ):** There is no significant association between nurse burnout and nurse turnover intention related to workload.

#### **ALTERNATIVE HYPOTHESIS ( $H_1$ ):**

There is significant association between nurse burnout and nurse turnover intention related to workload.

### 3.3 PURPOSES OF STUDY

The purpose of this research was to investigate that workload and burnout are one of the main reasons for turnover intention in nurses. This study examined the deep connection between the workload and turnover because it is very important to solve this issue completely. Our study helps to reduce the ratio of turnover intention and help the organization or staff to improve their productivity. The novelty of this study is that it examined the prevalence of turnover caused by nurses' burnout and workload. Previously, burnout, workload and turnover were studied separately but this study focuses on combined impact of workload and burnout on turnover intention.

This study allowed the organization to identify their deficiencies of resources and manage these issues efficiently that will help nurses to feel satisfied from their job. Which reduces the intention of turnover in nursing staff that eventually improves the quality of patient care.

### 3.4 AIM AND OBJECTIVES

#### 3.4.1 AIM

This study aimed to assess the effect of workload and burnout on turnover. The studies related/regarding this issue are insufficient.

However, workload or burnout not only results to turnover but also affects quality of care provided to the patient.

#### 3.4.2 OBJECTIVES

The study objective will be:

1. To assess the association between workload and burnout among nurses of private hospitals.
2. To assess the association between workload and intentions of turnover among nurses of private hospitals.

### 3.5 RESEARCH QUESTIONS

#### 3.5.1 PRIMARY QUESTIONS

Does increased workload and burnout cause turnover intention among nurses?

#### 3.5.2 SECONDARY QUESTIONS

Which aspect of burnout (personal burnout, work related burnout, client related) most strongly predict turnover intention?

### MATERIAL AND METHODS

#### 4.1 STUDY DESIGN

The design used for this study was descriptive cross-sectional.

#### 4.2 STUDY DURATION

Study duration for this study was from November to April.

#### 4.3 STUDY SETTING:

This research was organized in a tertiary private hospital. Providing services in different departments like pediatrics, gynecology, cardiology, endocrinology, orthopedics, and dermatology.

#### 4.4 SAMPLING:

##### 4.4.1 TARGETED POPULATION

All registered nurses working in tertiary private hospital Lahore during data collection period.

##### 4.4.2 STUDY POPULATION

The study population was 160 nurses by Yamane's formula.

#### 4.5 SAMPLE SIZE

- a) Sample size is 114 nurses.
- b) The sample size calculated for the known population using Yamane formula and keeping

the confidence interval 95% and margin of error 3%. **Using Yamane’s formula:**

Yamane =  $N / 1 + N(e)^2$   
 Total population (N) = 160  
 Margin of error (e) = 3%

**Now calculating:**

Yamane =  $N / 1 + N(e)^2$  **Putting the values:**  
 $n = 160 / 1 + 160 (0.03)^2$   
 $n = 160 / 1 + 160 (0.0009)$   
 $n = 160 / 1 + 0.144$   
 $n = 160 / 1.144$   
 $n = 140$

**4.6 SAMPLING TECHNIQUE:**

Nonprobability convenience sampling technique was used for participant selection

**4.7 SAMPLE SELECTION:**

**4.7.1 a) INCLUSION CRITERIA:**

The study included: 1. Nurse who are having at least more than two years of experience. 2. Male and female both were included. 3. Have Age between 25 to 60. 4. Staff nurses who gave informed consent.

**4.7.2 b) EXCLUSION CRITERIA:**

The study excluded:  
 1. Working as supervisor or head position.  
 2. Nurses on rotation were excluded.  
 3. Nurses on leave and absent on day of data collection.  
 4. Nurses on double shift were excluded.

**4.8 EXPERIMENTAL WORK**

**4.8.1 STUDY VARIABLES**

**Independent variable:**

Independent variable of this study was workload.

**Dependent variable:**

Burnout and Turnover were the dependent variables of this study.

**4.8.2 DATA COLLECTION TOOLS / PROCEDURE**

The study was held in Gulab Devi Hospital by using survey method among nurses. The questionnaire and the tool were provided to the participant nurses.

**Tool**

**DEMOGRAPHIC QUESTIONNAIRE:**

The demographic data contains information about age, gender, qualification, experience, and language.

**COPENHAGEN BURNOUT:**

The Copenhagen burnout inventory (CBI) is a 14-items scale used to evaluate burnout level covering three domains: 5 components of personal burnout, 5 components of work-related burnout, 4 components of client-related burnout. Frequency based Likert type scale is used.

**TURNOVER INTENTION:**

Turnover intention measure is a 2-items scale and ranges from 0-7. The items observed participants reflect about cast aside their job and if they are searching for other jobs.

**4.8.3 ETHICAL CONSIDERATION:**

- Written informed agreement was obtained from all participants.
- All information and data collection was kept private.
- Participants were informed that there is no risk related to the study.
- Participant’s identities were confidential throughout the study.
- The participants had right to exit from the study at any time.
- There was no physical, psychological, or social harm to the participants.

**4.8.4 TIMELINE**

Activities/Month	November (2025)	December (2025)	January (2026)	February (2026)	March (2026)	April (2026)
Topic selection and approval						
Introduction, Literature Review and Methodology						

Synopsis submission and IRB approval						
Data collection						
Data analysis						
Result						
Final Submission						

**4.9 DATA ANALYSIS:**

- For the data analysis statistical package for the social sciences (SPSS) 29 was used.
- For qualitative variables, frequencies and percentages were calculated.
- For quantitative variables, mean and standard deviation were calculated.
- Chi-square was used for categorical data.
- A p value of  $\leq 0.05$  was considered significant.

This chapter shows the data analysis and interpretation of the data gathered among the nurses in a private hospital. Statistical Package of Social Sciences (SPSS) version 29 was used to analyze the data. The descriptive and inferential statistics were used as per the study objectives. The data were summarized in terms of descriptive statistics like frequencies, percentages, means and standard deviations and inferential statistics like chi-square test and Pearson correlation were used to establish associations and relationships between variables. Results are given in form of tables and interpretations made respectively.

**RESULTS**

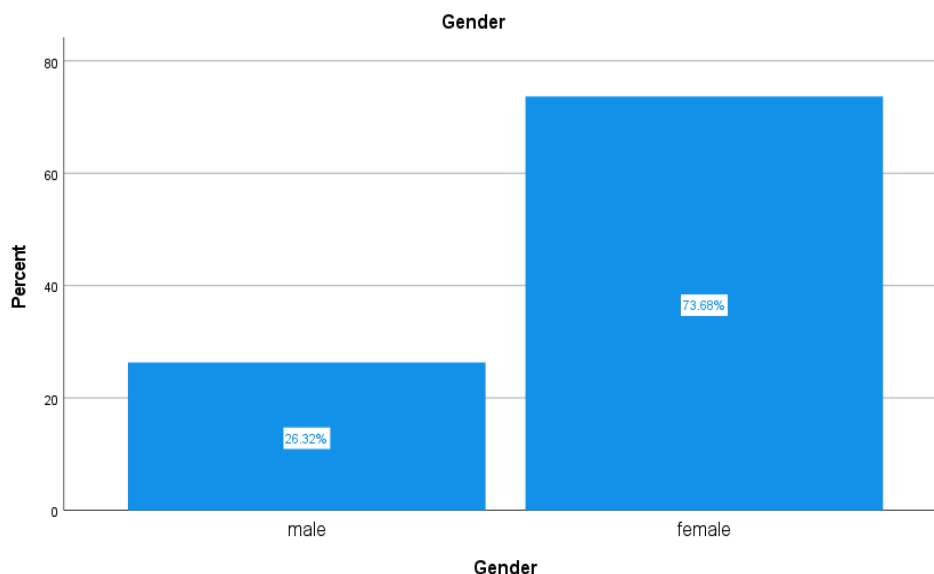
**5.1 Introduction**

**5.2 Demographic Characteristics of the participants.**

The demographics of the respondents such as gender, age bracket, language and qualification are given. **Table 5.2: Distribution of Participants by Gender (n = 114)**

Gender	Frequency (n)	Percentage (%)
Male	30	26.3
Female	84	73.7
<b>Total</b>	<b>114</b>	<b>100.0</b>

Table 5.2 presents the gender distribution of participants. Most of the respondents were women with a smaller percentage of men.

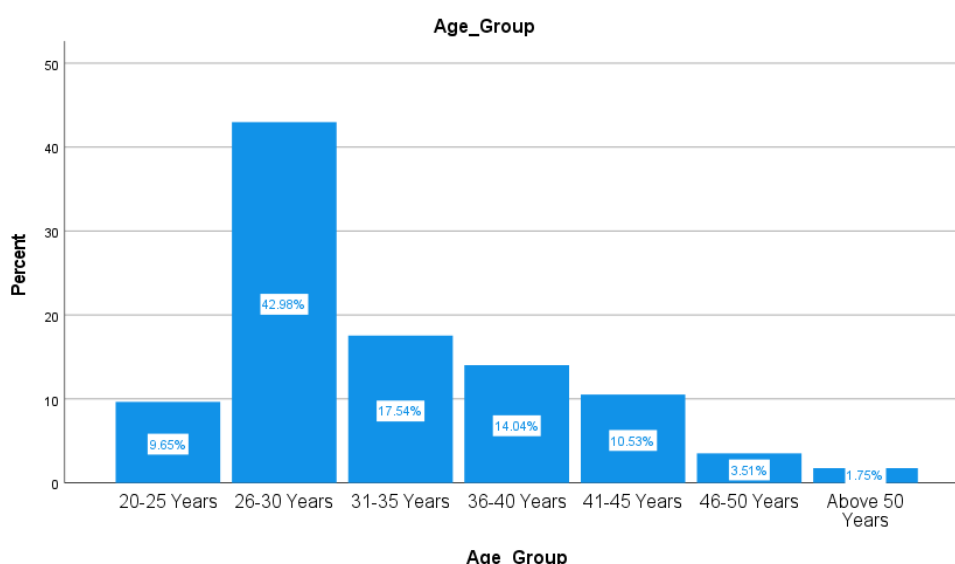


**Table 5.2: Distribution of Participants by Age Group (n = 114)**

Age Group	Frequency (n)	Percentage (%)
20–25 Years	11	9.6
26–30 Years	49	43.0
31–35 Years	20	17.5
36–40 Years	16	14.0
41–45 Years	12	10.5
46–50 Years	4	3.5
Above 50 Years	2	1.8
<b>Total</b>	<b>114</b>	<b>100.0</b>

Table 5.2 shows the age-wise distribution of respondents. The majority of participants were aged between 26-30 years, then 31-35 years,

which showed that most of the nursing workforce was quite young, and in their initial years of professional experience.

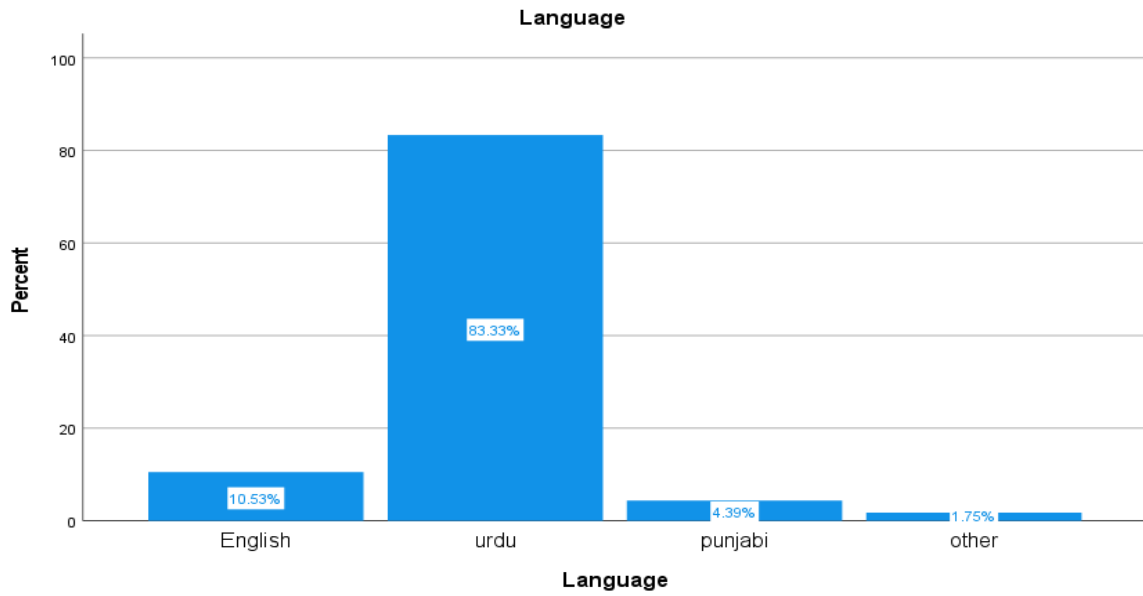


**Table 5.3: Distribution of Participants by Language (n = 114)**

Language	Frequency (n)	Percentage (%)
Urdu	95	83.3
English	12	10.5
Punjabi	5	4.4
Other	2	1.8
<b>Total</b>	<b>114</b>	<b>100.0</b>

Table 5.3 shows the main language of participants. The majority of the respondents said that they used Urdu as their first language

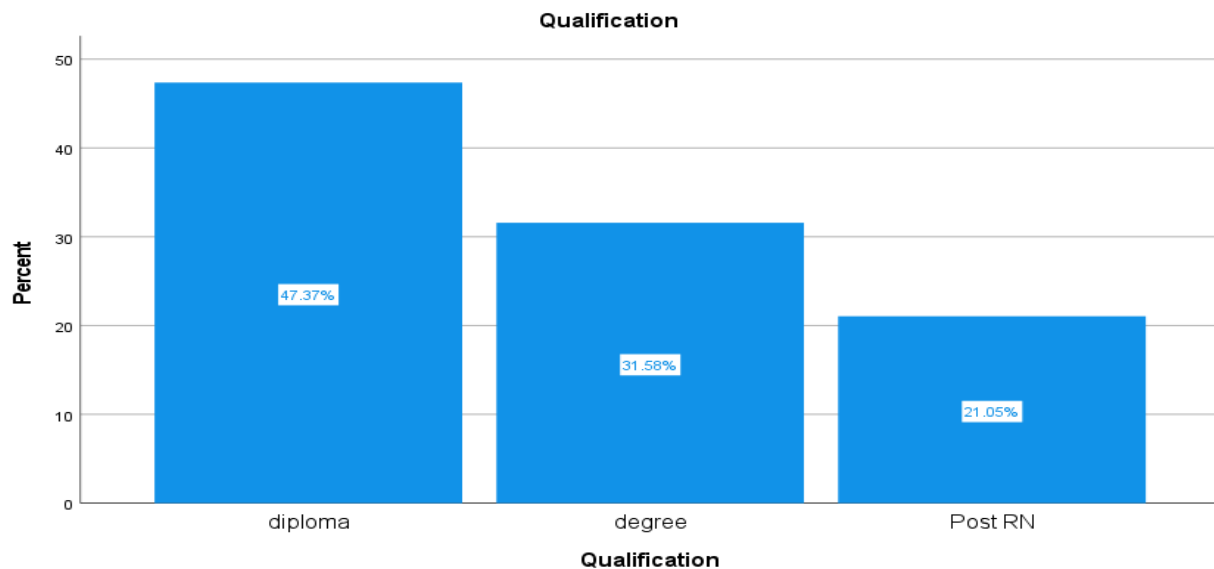
and then English and a very small number of the respondents spoke Punjabi and other languages.



**Table 5.4: Distribution of Participants by Qualification (n = 114)**

Qualification	Frequency (n)	Percentage (%)
Diploma	54	47.4
Degree	36	31.6
Post RN	24	21.1
Total	114	100.0

Table 5.4 presents the educational qualification of the respondents. Almost 50 percent of the respondents had a diploma in nursing, and the rest had a degree or Post RN qualification.



**5.3 Study Variables Descriptive Statistics.**

Table 4.5 contains the descriptive statistics of the variables in the study in terms of standard deviation, maximum, minimum, and the mean.

**Table 5.5: Descriptive Statistics of Study Variables (n = 114)**

Variable	Minimum	Maximum	Mean	Std. Deviation
Personal Burnout	1.40	4.80	2.99	0.73
Work Burnout	1.25	4.75	2.77	0.75
Client Burnout	1.00	5.00	3.06	0.77
Turnover Intention	0.00	7.00	3.66	1.67

The results suggest that the personal burnout mean score among the nurses was moderate. In the same manner, work-related burnout also depicted a moderate level. Burnout on client side showed relatively high values of mean than the other dimensions of burnout which reflect a

relatively higher level of stress in dealing with patients.

The score of turnover intention was also moderate among nurses indicating that a significant number of nurses had intentions to quit.

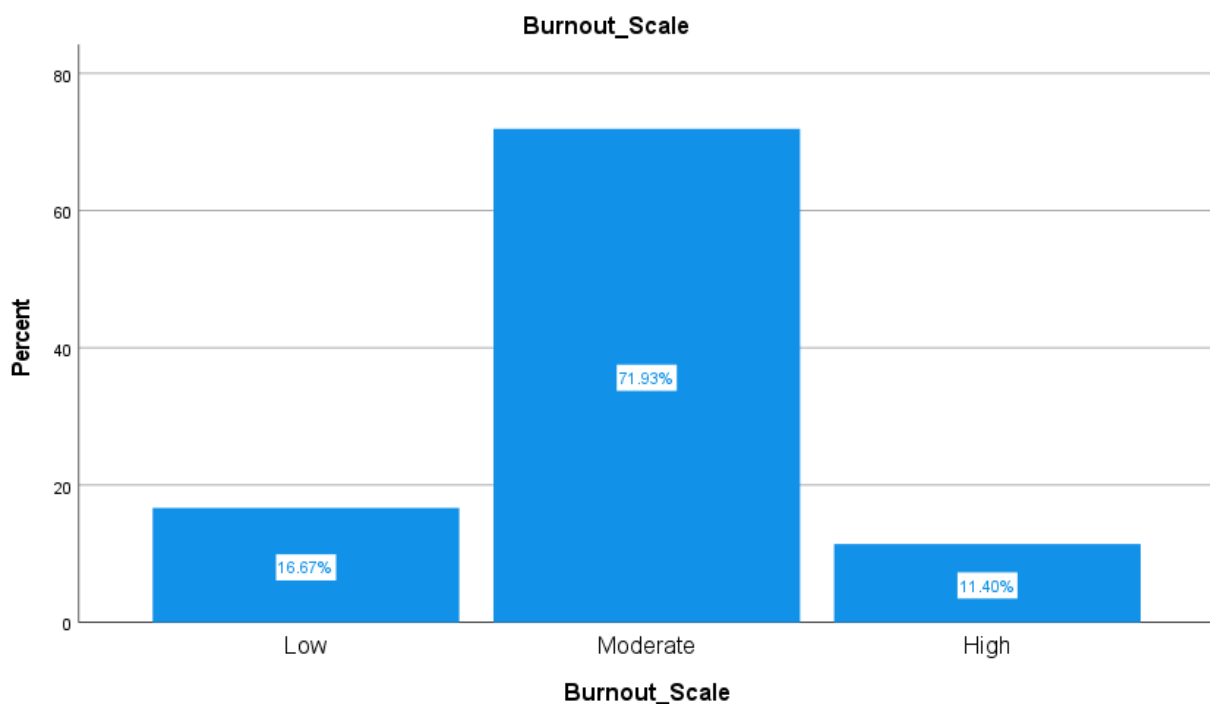
**4.4(a) Distribution of Levels of Burnout.**

Table 5.6 reveals the survey of levels of burnout of nurses.

**Table 5.6(a): Distribution of Burnout Levels (n = 114)**

Burnout Level	Frequency (n)	Percentage (%)
Low	19	16.7
Moderate	82	71.9
High	13	11.4
<b>Total</b>	<b>114</b>	<b>100.0</b>

The results show that the majority of respondents experienced moderate burnout. The rate of low burnout was lesser and since some of the respondents reported high burnout.

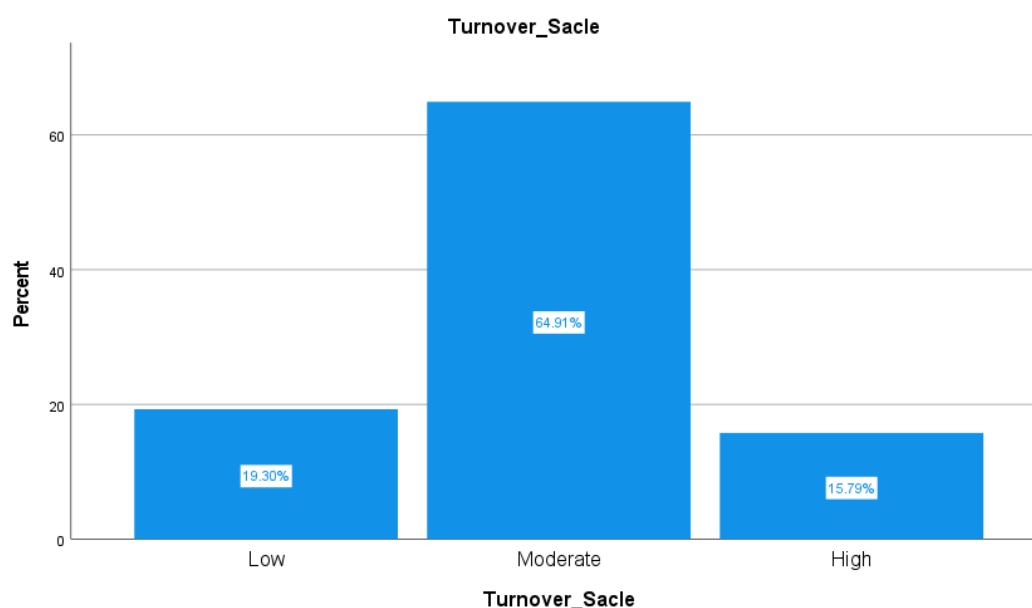


This means that burnout is prevalent among the nurses, and even fewer nurses have severe levels of burnout.

5.4(b) Distribution of Levels of Turnover.

Table 5.6(b): Distribution of Turnover Levels (n = 114)

Burnout Level	Frequency (n)	Percentage (%)
Low	22	19.3
Moderate	74	64.9
High	18	15.8
<b>Total</b>	<b>114</b>	<b>100.0</b>



5.5 Association Between Gender and Burnout Level

The way of how gender and level of burnout are related to each other is given below.

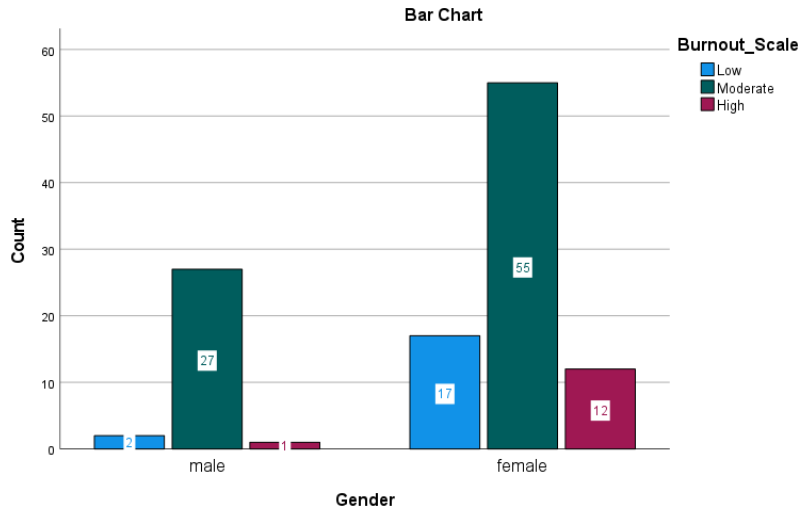
Table 5.7: Association Between Gender and Burnout Level (n = 114)

Gender	Low n (%)	Moderate n (%)	High n (%)	Total
Male	2 (6.7%)	27 (90.0%)	1 (3.3%)	30
Female	17 (20.2%)	55 (65.5%)	12 (14.3%)	84
<b>Total</b>	<b>19</b>	<b>82</b>	<b>13</b>	<b>114</b>

Chi-square = 6.616, df = 2, p = 0.037

The Chi-square test fails to provide any statistically significant results with respect to the issue of whether the relationship between gender and level of burnout is statistically

significant ( p 0.05). Female nurses tended to burn out relatively highly compared to male nurses.



This observation shows that gender is a bulky determinant that defines the extent of burnout among nurses.

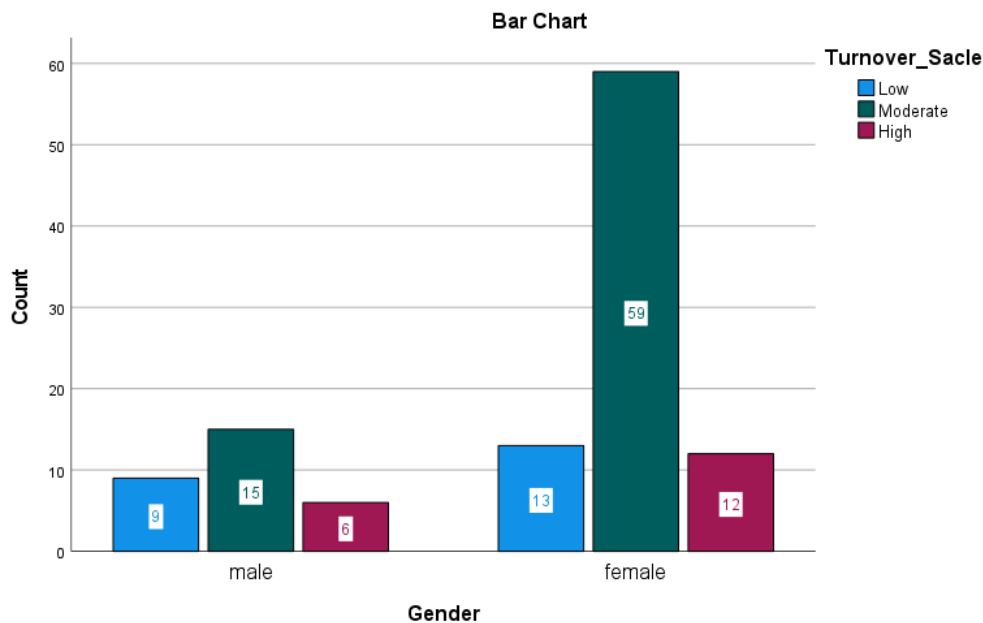
### 5.6 Association Between Gender and Turnover Intention

**Table 5.8: Association Between Gender and Turnover Intention (n = 114)**

Gender	Low n (%)	Moderate n (%)	High n (%)	Total
Male	9 (30.0%)	15 (50.0%)	6 (20.0%)	30
Female	13 (15.5%)	59 (70.2%)	12 (14.3%)	84
<b>Total</b>	<b>22</b>	<b>74</b>	<b>18</b>	<b>114</b>

Chi-square = 4.268, df = 2, p = 0.118

The Chi-square test results indicate that gender and turnover intention are not statistically related ( $p > 0.05$ ). Though there are some differences in distribution, they are too weak to create a significant relationship.



This means that gender does not have an effect on turnover intention in this study.

5.7 Relationship between Qualification and Level of Burnout.

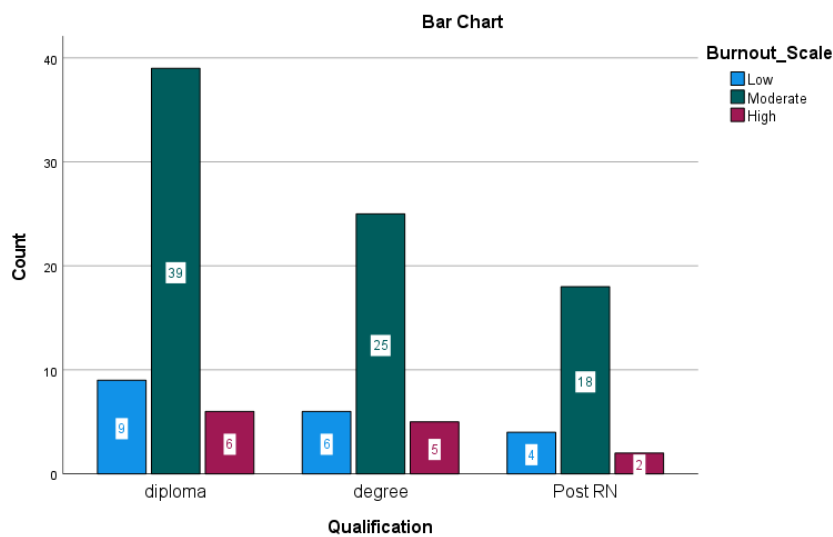
Table 5.9: Association Between Qualification and Burnout Level (n = 114)

Qualification	Low n (%)	Moderate n (%)	High n (%)	Total
Diploma	9 (16.7%)	39 (72.2%)	6 (11.1%)	54
Degree	6 (16.7%)	25 (69.4%)	5 (13.9%)	36
Post RN	4 (16.7%)	18 (75.0%)	2 (8.3%)	24
<b>Total</b>	<b>19</b>	<b>82</b>	<b>13</b>	<b>114</b>

Chi-square = 0.460, df = 4, p = 0.977

The findings indicate that there is no statistically significant relationship between qualification and level of burnout ( $p > 0.05$ ). The level of

burnout was not very different between the diploma, degree, and Post RN nurses. This implies that the level of education does not have much impact on burnout in nurses.



The correlation between Qualification and Turnover Intention ( $r = .48$ ) indicates that the

qualification of a job is a significant predictor of turnover intention.

5.8 Association Between Qualification and Turnover Intention

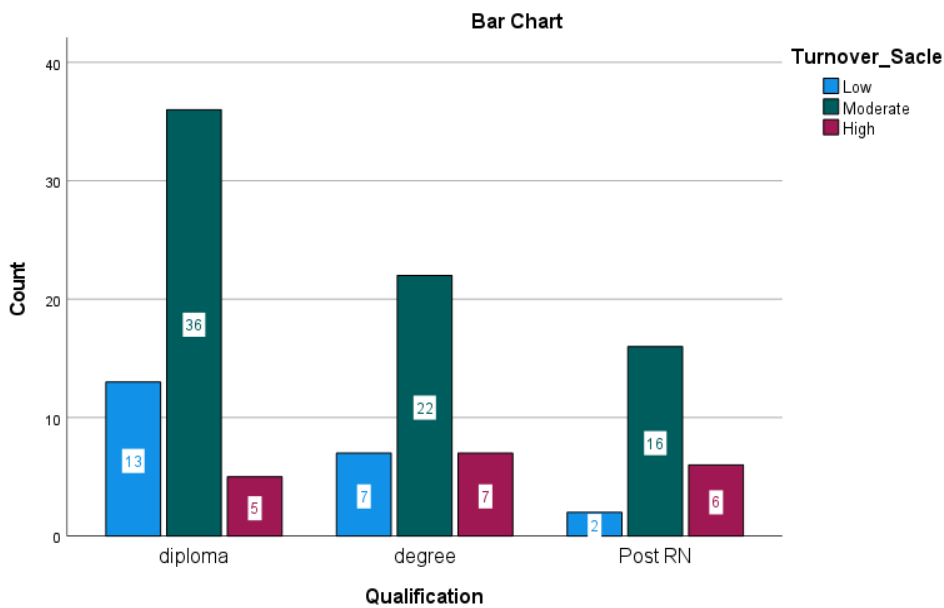
Table 5.10: Association Between Qualification and Turnover Intention (n = 114)

Qualification	Low n (%)	Moderate n (%)	High n (%)	Total
Diploma	13 (24.1%)	36 (66.7%)	5 (9.3%)	54
Degree	7 (19.4%)	22 (61.1%)	7 (19.4%)	36
Post RN	2 (8.3%)	16 (66.7%)	6 (25.0%)	24
<b>Total</b>	<b>22</b>	<b>74</b>	<b>18</b>	<b>114</b>

Chi-square = 5.303, df = 4, p = 0.258 Linear-by-linear association p = 0.028

Chi-square test shows that qualification and turnover intention do not have a statistically significant relationship ( $p > 0.05$ ). The linear-by-

linear correlation however presents a weak trend, and therefore turnover intention might differ slowly with the qualification level.



Though this trend is noticed, the relationship in general is not strong to be said to be statistically significant.

### 5.9 Correlation Between Burnout and Turnover Intention

Correlations between burnout and turnover intention were measured with correlation coefficients (r).

**Table 4.11: Correlation Between Burnout and Turnover Intention (n = 114)**

Variables	Pearson Correlation (r)	p-value
Burnout Scale vs Turnover Intention	-0.315	0.001

Pearson correlation analysis indicates that there is statistically significant relationship between burnout and turnover intention ( $p \leq 0.01$ ). The correlation coefficient shows that there is a moderate relationship between the two variables.

This result shows that burnout is a significant determinant of the intention of nurses to quit their employment.

### 5.10 Summary of Findings

- Most of the nurses were moderately exhausted.
- Nurses especially female were significantly more burnt out.
- There was no statistically significant gender-turnover intention relationship.
- No significant relationship was found between qualification and burnout or turnover intention.

- Combined, turnover intention and burnout have a significant correlation.
- The findings support the research objectives and show that burnout is a determining factor in the turnover intention among nurses.

### Discussion:

The main aim of this study was to find out the relationship between nurse's burnout and turnover intention in the context of workload in a private hospital of Lahore, Pakistan. Results of the descriptive statistical analysis of the 114 nurses that participated in the study showed moderate overall exhaustion levels in the nursing profession. In particular, the results indicated that the personal burnout (Mean = 2.99) and work burnout (Mean = 2.77) were in the medium range, and higher burnout in relation to their clients (Mean = 3.06). The respondents' turnover intention scores were also

moderate (Mean = 3.66), 64.9% of the respondents that were surveyed showed a moderate intention to leave their current employment.

Using inferential testing (chi square analysis), a significant relationship was found between gender and overall levels of burnout at a high level ( $p = 0.037$ ), such that female nurses had significantly higher levels of high-level burnout than male nurses. On the other hand, no statistically significant association was found with gender and burnout ( $p = 0.118$ ), or between educational qualifications (Diploma, Degree, and Post-RN) and burnout ( $p = 0.977$ ), or between educational qualifications (Diploma, Degree, and Post-RN) and turnover intent ( $p = 0.258$ ). Lastly, Pearson correlation showed that there was a statistically significant correlation between overall burnout and turnover intention ( $r = -0.315, p = 0.001$ ). This indicates that nursing professional fatigue is one of the important factors affecting the intention to leave the job among nurses. To put these results in perspective with the literature in the field, this study is contrasted with three external studies. The two validation studies describe the same scientific findings on the link between workplace stress and decisions on retention, while the third study contains conflicting findings on the nature of demographic effects and the statistics of the relationships. The findings of the study are similar to other studies in the field, which showed that the occupational stressors are significantly related to the retention risks in nurses working in Lahore. A cross-sectional study on the effect of role stressors on intention to leave among 394 nurses of Rawalpindi and Islamabad was conducted by Malik et al. (13) who found a positive significant correlation between “severe work overload” with “intention to leave”. The study in twin cities also revealed that high workloads are associated with high burnout scores, similar to what was seen in the Lahore private hospital, where high workloads are a contributor to clinical employee dissatisfaction about their job and the desire for resignation.

This trend is well documented internationally. Nawabi et al. (14) found a high pooled prevalence of occupational burnout in the nurses of Pakistan in a systematic review and meta-analysis, which performed a meta-analysis

of quantitative data. This detailed synthesis revealed that the structural issues in the healthcare system of Pakistan such as heavy workloads, acute shortage of staffs, and less organizational support networks, are some of the factors that exhaust clinical practitioners on a consistent basis. The high level of emotional exhaustion and personal burnout felt by nurses in Lahore is similar to this national trend, indicating that the nurses in the sample felt emotionally exhausted and were more likely to be looking for other jobs as a result of heavy shifts.

However, some of the results of this study conflict with the results of other empirical studies. The analysis of cross-tabulation and chi-square test of the Lahore hospital data did not show any statistically significant relationship between the education qualification level and burnout ( $p = 0.977$ ) as well as intentions to turnover ( $p = 0.258$ ). This baseline directly challenges the cross-sectional study done by Farid et al. (15) in tertiary hospitals of Lahore to assess the dynamics of the workplace and intentions of turnover among nurses. They found that a nurse's education had a significant effect on how they experienced workplace strain and on their likelihood of leaving the profession; in particular, diploma nurses experienced more workplace strain and were significantly more likely than advanced graduate nurses to have intentions of leaving their profession. The results of this study may indicate that the educational cohorts in this particular private complex do not differ in terms of the protection obtained from higher clinical qualifications, due to resource constraints in this private complex. Also, the negative Pearson correlation coefficient observed between the burnout scale and turnover intentions ( $r = -0.315, p = 0.001$ ), is a significant result that appears in this research that was not found in previous studies. Job burnout and turnover intentions have been found in the conventional organizational psychology literature to have a strong positive correlation, that is, the more burnt out a person is, the more likely he or she is to quit. A negative correlation coefficient in this sample would be in itself a surprising statistic. It suggests that for this group, the more the respondents scored in the burnout range, the less they intended to turn over. Such a paradox may indicate that there are

certain economic pressures or contractual requirements in the private facility that may have been local rather than widespread, or that there is an incentive structure in the private facility that may have compelled highly burned-out nurses to stay, even though they feel completely exhausted from their profession.

### 7.1 Recommendations:

- Ensure Structurally Regulated Nurse-to-Patient Ratios in hospitals.
- Improve policy in staffing and scheduling.
- Promote open discussion about burnout to focus on this issue and to reduce its impact.
- Conduct mental health and stress management workshops for nurses.
- Conduct annual and biannual surveys to detect burnout and turnover intention.

### 7.2 Limitations:

- Data was only collected from a private hospital in Lahore; its findings cannot be widely extrapolated to other parts of Pakistan.
- This is a one time “snapshot” at a particular time. It does not measure changes over time (longitudinal) in levels of burnout within a season, change in the economy, or change in organization.
- The analysis is mostly done for basic demographics (age, gender, language of the world, qualification) only and does not statistically control for other unknown factors, such as the type of department (e.g., ICU, General Wards).
- The results of this study cannot be applied to other healthcare professions because it is concentrated solely on nurses.

### 7.3 Conclusions:

The findings of this study indicate that occupational burnout and intentions to leave the profession are serious problems in the nursing staff of private health care units of Lahore. The empirical data reveals that a large proportion of nursing personnel are in moderate to high levels of emotional exhaustion, with stress from the care of patients being the main cause of such emotional exhaustion.

Gender is an important vulnerability factor for increased burnout while different levels of education do not provide protection from the systemic stressors of work. Finally, the strong correlation between the two constructs of burnout and turnover intention is evidence that quitting job is a conscious response to long-term stress at work. Unless the hospital administration takes the issue of workload and puts in mindful measures to boost mental wellness, it will be a recurrent quitting of the employees. These turnover costs the institution a lot and puts patients' lives at risk and also compromises the overall quality of clinical care.

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